The Canadian Nurse

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NURSING CARE IN THORACOPLASTY

THELMA McKENZIE, Medical Nursing Supervisor, The Royal Victoria Hospital, Montreal.

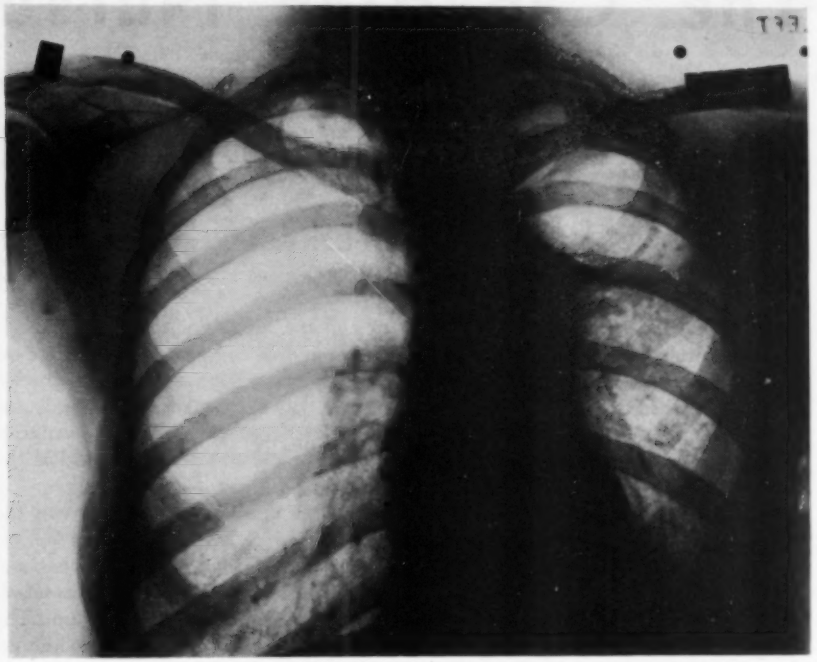
The thoracoplastic operation is commonly performed for the relief of patients suffering from tuberculosis. As a rule it is done only when the disease is unilateral and in certain selected cases in which artificial pneumo-thorax cannot be accomplished or is not satisfactory. If there is only a slight involvement of the other lung, and it is arrested, the operation is sometimes done, depending on the physical condition of the patient. The object of the operation is to give a permanent collapse to the affected lung and prevent the spread of the disease to the sound lung. The results hoped for by doing a thoracoplastic operation are: (1) That the sputum will be reduced either completely or to a negligible amount and will be negative for acid fast bacilli; (2) that the patient may make up his weight loss and, after a considerable convalescent period, be well enough to go about among other people; (3) that by guarding his health carefully and having periodic health examinations he may lead a comparatively normal life.

The operation may be done in one, two, or three stages depending on the amount of collapse accomplished each time. It depends on the patient's physical condition as to the amount of collapse attempted at each stage. The upper stage is usually done first, a posterior incision being made on the affected side. The ribs are removed from the transverse processes of the vertebrae as far forward as is necessary to collapse the diseased portion of the lung. Sometimes all the collapse required can be done from the posterior incisions but very often an anterior incision has to be made, in the axilla, at the third stage to remove the anterior portion of the ribs as far forward as the sternum.

The ribs alone are removed, leaving the covering which is known as the periosteum. The periosteum regenerates bone, and when left, new bone forms which helps to make the chest solid again. The chest is altered in shape, due to the removal of the ribs. The interval between each stage is from twelve to sixteen days, depending on the patient's condition. An X-ray is taken between each stage, and after the operation is completely finished, in order to determine the amount of collapse obtained.

Care is taken when doing the operation not to remove too much rib at one time and thus expose the heart or interfere with the mechanical breathing. The resulting paradoxical breathing, when the chest on inspiration moves inward rather than outward and on expiration moves outward rather than inward, may be severe enough to interfere with the heart action and the inspiration of air. The patient then becomes cyanosed, the pulse-rate increases, respirations are short and rapid, the blood-pressure falls, and the patient may go into shock.

The nurse must possess both knowledge and skill for these patients require *nursing* in every sense of the word. Nursing



The illustration shows cavity in apex of left lung, due to tuberculosis.

care begins on the admission of the patient and not only with the post-operative period. It is necessary to put the patient at ease when admitting him, and to allay any fears he may have about coming to a hospital. It must be remembered that he has been ill for a long time and still has a great deal to go through. The patient is usually ambulant and has sometimes travelled a considerable distance by train from a sanitarium. He is no longer acutely ill but has become chronic and therefore is allowed a few more privileges, such as walking, a little reading and mild forms of occupation. Any patient who has a temperature, or is easily upset, is not, however, allowed these privileges.

The operation may mean the patient's salvation, although the utmost courage and endurance are demanded, since he has not only one ordeal to face but possibly three separate operations, each critical and painful. The nurse can be of infinite help in assisting him to build up his courage and morale. She should reassure him, and in winning his confidence and co-operation she will already have accomplished a great deal. During the pre-operative period the patient must be kept as free from worry as possible. He should have considerable rest and his bed should be put on the balcony each day unless the weather is too extreme. A book, a few visitors, and some form of light occupation are helpful in keeping him contended.

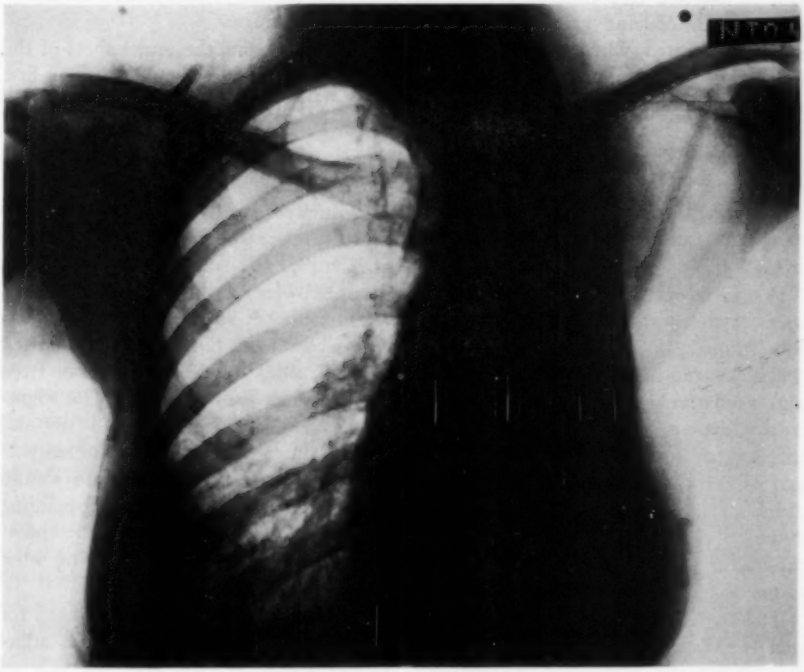
It is essential to give special attention to the diet of a tuberculous patient as he usually suffers from anorexia. He should have frequent diets of nourishing and appetising food. Even the plainest food should be well cooked and attractively served. Fresh fruits, vegetables, and

salads are desirable. The patient can only manage small servings and very often will prefer a sandwich on a lettuce leaf to a whole dinner.

Medical asepsis is very important and strict supervision and discipline are necessary. The patient coming from a sanitarium has been taught the methods and reasons for isolation technique but when he has not been to a sanitarium or had supervised care he must be taught to keep the sputum bottle or box covered, cover his mouth when coughing and place soiled handkerchiefs of Kleenex or Cellu-cotton in the paper bags provided. The nurse must wear a gown when caring for him and see that his dishes are boiled and that isolation technique is carried out.

All the tuberculous patients should be together in a sunny and well ventilated ward; for the very ill or post-operative case a side-room is essential. Every patient should have separate equipment and blankets of a special colour, known all over the hospital as being for the use of tuberculous patients only. These patients have many tests before operation and the coloured blanket designates to each department that precautions must be taken.

In post-operative care, rest and quietness are most important and the patient should be assigned to a separate room and a Gatch bed provided. The patient lies on the operated side on his return to the ward, as this allows more freedom to breathe with the good lung. The nurse must be very observant and keep a full and accurate account of his condition. A chart is kept of the temperature, pulse, respiration and blood-pressure. The volume as well as the rate of the pulse should be noted because, if the pulse-rate



The illustration shows the left lung completely collapsed as a result of the thoracoplastic operation.

increases and the blood-pressure falls below 80, it may indicate haemorrhage or shock, and the doctor should be notified.

The breathing must be watched carefully, cyanosis noted and the extent of the paradoxical breathing. The patient finds it very difficult to breathe during the first few days because the exposed nerves and muscles cause considerable pain. Cyanosis, and even mild paradoxical breathing, worry him a great deal and give him the feeling that he is suffocating. Oxygen, and an intravenous set should be ready for emergency use and the dressing should be examined frequently for signs of haemorrhage.

Sedatives are always administered to relieve pain, usually morphine gr. ¼, hypodermically every four hours as necessary. This is gradually decreased as the pain is lessened and codeine gr. 1., or aspirin with codeine gr. ⅛ are often given, as directed, when the morphine is discontinued. Morphine sometimes cannot be tolerated and the nurse should report this so that other sedatives may be substituted. The nurse's judgment is valuable in knowing when a sedative is necessary and in watching for untoward symptoms caused by the use of these drugs.

Cough is one of the greatest annoyances to the post-operative patient as it both causes pain and tires him. If the cough is irritating and there is no sputum, a sedative is given to stop the cough. If the patient has sputum then he is encouraged to cough at regular intervals and to expectorate so that he may have definite rest periods in between attacks. A sedative is frequently given after the expectoration is over to help the patient to get some rest.

The amount and character of the sputum is charted each day and great care must be taken in its disposal. If cardboard containers are used they should be wrapped up and burned immediately. Glass bottles are sometimes used in hospitals so that the surgeon can more readily examine the character of the sputum each day and the amount be measured. The sputum is covered with formalin, a stopper placed on the bottle and the bottle emptied and sterilized under supervision. Any exertion on the part of the patient must be avoided as much as possible. Two nurses are required to lift or turn him and to assist when the dressing is being changed. One nurse supports him and the other nurse helps the doctor. The nurse should support his head and neck as any strain pulls on the sutures, causing pain. She must remember to keep her head turned away from him in case he coughs. After five or six days he is more accustomed to the restricted breathing, feels stronger and, when the sutures are removed, can move easily with the assistance of one nurse.

When changing the under sheet of the bed, the upper part should be done first with the patient supported in the sitting posture. The pillows are arranged and placed, while he is still sitting up, several being necessary for his comfort. They are usually placed diagonally so as to afford support to the arm on the operated side and to the small of the back. He sits in Fowler's position as this is most comfortable. A rubber pillowcase should be placed on the pillow next him on the operated side, in case the discharge from the dressings soak through. The nightgowns should be changed frequently and alcohol rubs given, as these patients perspire a great deal. Special care should be taken of the back by frequent sponging and rubbing and by keeping the drawsheet tight and dry. An air ring is of great assistance.

Chest binders are frequently used for the post-operative patient. Tight adhesive strapping is used over the affected side with nothing on the sound side for

the first few days so the breathing will not be interfered with. A tight binder is then applied to give support. It is made of a double thickness of flannelette, in one straight piece twelve inches wide, with two shoulder straps. The binder, when applied, should be pinned vertically and fitted tightly; it can be removed and readjusted each time the back is washed and rubbed, or the dressing is done.

Again, we have much difficulty in feeding the post-operative patient who tires very easily, due to the restricted breathing. Small, frequent, nourishing feedings must be given with as much variety as possible and the patient should be fed until he is strong enough to manage alone. It is necessary to chart the intake and the output each day.

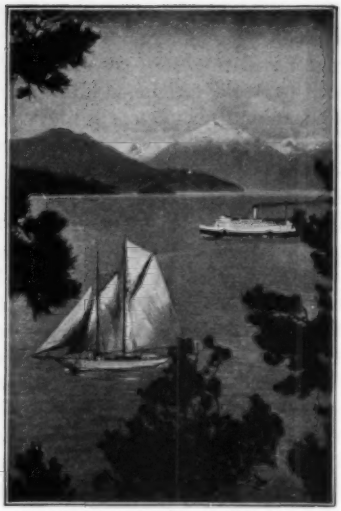
Reassurance and occupation are essential as the patient is apt to become depressed and to worry considerably. In order to avoid fatigue visitors must be restricted until the patient is well enough to receive them. Even then, not more than one or two should be permitted and only for a short time. The nurse must teach the patient to adjust to his need for a long rest and convalescent period and all arrangements for this should be made before he leaves the hospital. It is only by actual clinical experience in nursing these patients that the nurse becomes proficient in caring for them, and special training in both the sanatarium and the hospital help her a great deal in understanding the patient's worries and anticipating his needs.

VANCOUVER'S JUBILEE

A holiday in Vancouver, British Columbia, really means several holidays in one. Only a city so fortunately situated, in the midst of a veritable storehouse of scenic treasures, could afford the variety of vacation attractions. This summer, an added fillip is given in the elaborate programme of Vancouver's Golden Jubilee year celebrations, from July to September, when all the colour, romance, melody and thrills that could be expected in entertainment features from historical pageantry to sophisticated merriment, will illustrate the city's cavalcade of remarkable progress in the past fifty years.

Just a few blocks from the heart of the city lies part of the dense forest that pushed down to the shores of the harbour a half-century ago. Mighty evergreen giants tower above the lovely gardens, refreshing lawns, bathing beaches, lakes and Lost Lagoon of Stanley Park, covering one thousand acres. And it is in this magnificent setting that many of the most impressive Jubilee features will be located.

COMING THROUGH THE ROCKIES
(Courtesy of *Canadian Pacific Railway*)



SAILING ON HOWE SOUND

A seven-mile sea road girts the park and from this driveway it is possible to glimpse the ancient Indian burial grounds, the totem poles and the memorial to Pauline Johnston, poetess and Indian princess; Prospect Point signal station for shipping traffic through the picturesque Lions' Gate, and the legendary Siwash Rock with its lone tree.

Indian craftsmanship will be one of the Jubilee features in the park, while suggestive of Vancouver's trade with ports of the Pacific basin will be the Hawaiian and Fiji villages and Oriental tea gardens. In this great natural theatre, sport events and an ambitious musical and dramatic programme will be presented. At night, it will be a fairyland with myriad coloured lights, fireworks and illuminated fountains.

The automobile drives are always a source of unexpected delight. With every bend in the road, some new and captivating panorama is disclosed. The Marine Drive sweeps past the University of British Columbia and catches a bit of the grandeur to be seen on boat trips up Howe Sound. It also commands a compelling vista of the delta and mouth of the mighty Fraser River. Across Burrard Inlet, the North Shore Marine Drive is equally entrancing with its view of Vancouver's skyline, Stanley Park and the Gulf of Georgia. And as it winds its way through an exclusive residential area towards summer resorts, it reveals a picture that has won it the name of the little Côte d'Azur. From this drive open other adventures into the mysteries of the mountains that provide a protecting wall to the north of Vancouver, into the rugged beauty of Capilano, Lynn, Seymour and Grand Canyons. At Capilano, a 450-foot steel cable suspension bridge sways 210 feet above a wind-swept gorge down which the turbulent Capilano River races in cataracts and whirlpools to the Inlet. It is the rivers of these canyons that furnish Vancouver with its sparkling, cool drinking water.

By the throngs that invade its thirteen bathing beaches, it would seem that Vancouver is a city in bathing suits. At Kitsilano, a fine open air, salt water swimming pool provides good sport and excellent facilities for diving exhibitions. During the Jubilee celebrations, this beach will be even more attractive with aquatic sports and regattas.

For tourists who enjoy longer drives, there is the Cariboo Highway, modernized version of the old Cariboo Trail that led to the famous gold fields and which once echoed with the gallop of pony express, the squeaking of covered wagons, the hopeful tread of prospectors and the soft padding of camels. Nature's incomparable handiwork crowds up to the side of the road all the way. Or, for about two hours through serene pastoral scenes, mountain and river country, one of the outstanding spots of the Evergreen Playground is reached: Harrison Hot Springs, the Spa of Canada. Here, nestling at the foot of mountains, a splendid hotel, surrounded by old-world gardens, bowling greens, tennis courts and golf course,

looks over the placid waters of Harrison Lake, beside which health-giving mineral waters boil out from living rock. Boat trips up the North Arm, eastern extremity of Vancouver's great land-locked harbour, or up Howe Sound and in and out of British Columbia's innumerable picturesque fjords are a revelation of ever-changing enchantment.

Vancouver's justification in so celebrating its fiftieth anniversary is clearly evidenced. In gala attire, with parks and gardens in mad riot of bloom and a wealth of flowers from several acres under special cultivation, Vancouver invites the world to a grand birthday party. It invites you to enjoy its innumerable scenic attractions and to participate in the revelry of carnivals, pageantry, street dances, balloon races, spectacular air show, military and naval demonstrations, the Canada-Pacific Exhibition, and the jubilation in attaining its Golden Jubilee year.

Correspondence

Up North

EDITOR'S NOTE: Many of our readers will remember Miss Mildred Rundle's excellent article entitled "Farthest North" which appeared in *The Canadian Nurse* for January, 1935. This time she writes from the Anglican Residential School for Indian children at Fort George, James Bay. And where is that? You go via Moosonee, but trains don't run every day. We quote from Miss Rundle's letters:

I am school nurse and also district nurse in a district with a population of seven hundred people. The nearest doctor is three hundred miles away and visits us only once during the summer. Even though this post is not as far north as my previous one at Aklavik, the mail service is even worse, for there are only two regular mails a year, one in July by boat and then a dog-team mail in winter. I believe we have the most northerly Junior Red Cross branch in the world.

My most interesting case is an Indian girl about twenty-five years old. She fell while sliding in 1923 and hurt her left knee; since then she has been badly crippled, but walked with sticks until she had another fall and became almost entirely helpless. She now has a very humped back, her left leg is bent at the knee and was swollen badly. After finding out all I could, I got her to the point where she really wanted to walk and she was brought into the hospital. Within a week, she could lift both legs out of bed and put some weight on them. I continued to work with her, and at the end of the month she was able to stand with the help of crutches and even to shuffle along a little. The swelling in the injured knee is reduced, but it is still flexed; however, it will now allow the lower limb to move about two inches and all the other joints move perfectly. She was only hospitalized for a month and has since been kept here as the guest of the Mission.

My dentistry has come in very useful. Using a local anaesthetic, I have pulled three teeth, one for an Indian girl of nineteen, another for our old Indian handy-man, and another for the wife of the manager of the Hudson Bay Company. I have even tried filling teeth but the wax does not stay in long.

I do not go out for maternity cases, unless there is trouble. They usually manage very well with rags and moss. The baby is washed with a bit of rag dipped in hot water which is kept in a lard pail. The water is heated on a fire made on a mound of earth placed inside a ring of stones and there is always an abundance of smoke. Oh, my poor eyes! I just let them run. We have had an epidemic of German measles but nobody was very ill. Intestinal influenza has been hanging around, too, but the Indian children have weathered the past few months very well, and the staff members have not lost any time. I am not giving an account of these things for my own credit, but rather to show the need for medical aid of some sort.

Up here there are no "dark days" or mid-

night sun, and the Northern Lights neither colour nor move rapidly as they do farther north. Very few people have dogs and the men have to pull the sleds themselves. All branches of Women's Auxiliary work are carried on, Miss Nesbitt and I are sharing the Church Boys' League work and I have spoken twice at the women's meetings, and expect to give first-aid demonstrations. All this has to be done through an interpreter, and the first-aid will have to be simple and to the point for people who live in wigwams and never have a bath nor remove their clothes even to sleep.

I could write reams about my twenty-three Indian boys whom I fuss over like a mother. Indeed they do look upon me as their mother during their time at the School.

MILDRED RUNDLE, Fort George.

In a Pioneer Colony

I have had experience in nursing, since my graduation five years ago, in private duty, district and industrial work, but the work I like best of all is pioneer nursing. Here we have such a wonderful opportunity of seeing the conditions which exist among poor people and what a wealth of satisfaction one can derive from hearing some poor mother whisper: "Thank you, nurse." I am going to describe a day that I recently spent in a pioneer colony. On the previous day there had been a terrible storm, so severe as to render the roads impassable for horses, and all the telephone lines were broken. At three in the morning Mr. L. came to my house and said, "Nurse, my wife is very sick; will you come?" It was an obstetrical case so I dressed hastily, snatched my kit which contains everything necessary, put on my snowshoes and started on my way. It was awfully cold and took two hours to reach my destination. What a picture are those log cabins in that snow-bound colony on a wintry morning! Arriving at the cabin I found the poor woman suffering terribly, but finally I got things in readiness and one surely has to improvize. The case was not over until noon, but everything went well and I helped usher into the world a big nine-pound baby girl. I stayed awhile with the patient in her little log-cabin home, spotlessly clean, but in direst poverty. Then, when she was comfortable and left to the care of her mother-in-law, I made my rounds among the other neighbours — did a dressing on a little boy's foot, and instructed another mother in pre-natal care. Promising that I would return the following day, I trudged along home, after my long day spent among those husky pioneers, tired but thoroughly happy.

MARGARET A. BRANCH,
South Bathurst, N.B.

A Gilt-edged Investment

About two years ago, there died in Edinburgh an aged nurse of a distinctly Scottish type, a unique personality who was little known to the general public. This tribute was paid to her character by a lawyer who had been well acquainted with her:

"For some fifty years she had served in the noblest profession of all — that of nursing — both in castle and cottage. On sundry 'interesting occasions,' she attended the late German Empress and the Princesses of Battenberg and of Pless and thus experienced, behind the scenes, the torrid light which beats upon a throne, and knew both its brilliant sunshine and bitter shadows. She knew, too, the depths of riches and the heights of poverty, and withal remained to the end, as she was born, a simple, humble and independent Scotswoman — one, indeed, of Nature's own gentlewomen. She had only two investments — her Post Office savings book, and a holding in Samnugger Jute, given by a grateful and wealthy patient. The annual proceeds of this holding, combined with the results of needlework, had proved her mainstay. Despite her meagre income, she had resolutely refused to accept the old age pension and suggested that her savings be also placed with the jute company. 'No, Nurse Potter,' I said, 'your small capital must be placed in a gilt-edged investment, and that means five per cent yield, maximum.' 'A gilt-edged investment, did ye say? Five per cent?' she queried. 'Five per cent! I've got a gilt-edged investment, and it's gi'en me a hundred per cent this lang while syne.' 'Aye!' she continued, relapsing into the telling tongue of her far-off youth, 'ye may well look!—a hundred per cent ilka year, and ilka day o' ilka year, thae sixty years gone.' Stretching, with frail arm, to the table beside her chair, she lifted down a shabby and tattered old Bible, notable for the presence of thumb-marks and the absence of once-bright gold leaf: 'There's no muckle gilt left on the ootside edges noo, but a' the gowd's yet within!' "

Contributed by MABEL MCMULLEN, R.N.,
St. Stephen, N.B.

THE EDITOR'S DESK

Salute!

In the month of May the editor's desk blossoms out with invitations to graduating exercises. Very smart they are, too, with their severe engraving and lists of successful candidates—prize-winners and all. The procession of the graduating classes can never be watched unmoved. No matter how often the ceremony is repeated it retains its quality of youth and freshness — it is the pageantry of the Spring. For the first time in several years, there is now a promise of better things for these young women. As yet it is no more than a promise, but there is abroad in the land a spirit of hope. Perhaps the Winter is over and gone. We salute the Spring!

Reader's Guide

This month we give pride of place to an article dealing with the science and art of nursing: Miss Thelma McKenzie, medical nursing supervisor in the Royal Victoria Hospital, Montreal, gives us a clear and interesting description of nursing care in thoracoplasty. △ So many complimentary references have been made to Miss Lyda Anderson's article on community nursing bureaus that we persuaded her to submit to being summarily "interviewed." The resulting article justifies our editorial pertinacity and increases our debt to Miss Anderson. △ Our readers will certainly remember Dr. H. B. Atlee's provocative article: "Uniforms and stereotyped minds." In more serious vein he now puts forward a scheme for a unified School of Nursing in Halifax. We are firmly of the opinion that the general principles on which Dr. Atlee's plan is based are capable of application in several Canadian centres though we hope that Halifax may show the way. We have always felt that there is something about the Maritimes — but perhaps we had better stop; we might stir up a spirit of rivalry in the West. △ The whole question of maternal care is in the minds of many nurses, especially those engaged in public health and visiting nursing. Under the auspices of the Canadian Welfare Council an excellent report has been prepared, a synopsis of which is presented in this issue. It deserves close study for it reveals the need for better teaching and practice in this important branch of our professional work. Copies of the Report itself may be obtained on application to the Canadian Welfare Council in Ottawa. △ The charms of Vancouver are set forth in this issue in such an irresistible manner that before you know it you will be heading westward. △ In "Notes from the National Office" the Executive Secretary of the Canadian Nurses Association gives an interesting résumé of the activities of the Provincial Associations of Registered Nurses — and, in case you overlooked it the first time, full information is again offered covering hotel accommodation at the Biennial Meeting.

One of Ours

A fine tribute was paid to Isabel Maitland Stewart in the January issue of *The American Journal of Nursing*. It was written by Effie J. Taylor, Dean of the Yale School of Nursing, who has been her colleague and friend for many years. The New York League of the National Federation of Business and Professional Women recently singled her out for her magnificent achievement in the field of nursing education. Her name is known in every country of the world as one of the most outstanding leaders our profession has ever produced. Her influence in international nursing affairs has been most beneficent and she has quickened the minds and stirred the imagination of nurses in every part of this continent. Yet, to us in Canada, she is something more — she is a good nurse, skilled, deft and kind; it is thus that her patients remember her. Isabel Stewart belongs to the world — but she is one of ours, and we are proud to claim her.

Department of Private Duty Nursing

I AM INTERVIEWED

LYDA W. ANDERSON, R.N., Director of The Community Nursing Service Bureau of Detroit; Executive Secretary, Detroit District, Michigan State Nurses Association.

The editor of *The Canadian Nurse* has subjected me to an "interview" regarding the organization and functions of the Community Nursing Bureau of Detroit. Here, then, are her questions which I have answered to the best of my ability.

What groups are represented on the Board of Directors? Are physicians included? Are registrants represented?

This question is answered by this section of our by-laws: "The Board of Directors of the Detroit District, Michigan State Nurses Association, shall appoint annually the personnel of the board of directors of the Community Nursing Bureau, according to the standards under which the bureau operates. This personnel shall be composed of seven persons, four of whom shall be members of the Detroit District of the Michigan State Nurses Association, representing the different branches of nursing including private duty, institutional and public health nursing. The Wayne County Medical Society is represented by one of its members. The two remaining members include one hospital executive and one lay person."

The Bureau, although it has its own directors, has not yet been entirely divorced from the control of the Detroit District, M.S.N.A., since the Bureau is subsidized from the treasury of this organization.

Is there a managing committee which actually directs the enterprise? How is this constituted?

The direction and control of the Bureau are vested in a Board of Directors made up of members from the local District Nurses Association and members of the medical profession and the lay group. The members of the medical profession and the lay group serve on the board in an advisory capacity.

How is the organization financed? From what sources is its revenues obtained?

Each registrant pays an annual placement fee of $9.00. The total amount received from this source is augmented by the subsidy paid from the treasury of the Detroit District of the M.S.N.A. We are planning to put the placement fee on a percentage basis. For example, we would set the maximum annual fee at $15.00 or $20.00, charging the nurse a certain percentage on the calls she actually receives.

What paid staff is employed: (1) *professional*; (2) *clerical?*

Four full-time registrars and one-part time registrar, all of whom are professional nurses. The clerical staff consists of a bookkeeper, a stenographer, and a copyist.

Where is the headquarters situated? Is twenty-four hour service available?

In the Community Fund Building, which houses the agencies of The Community Fund. The Joint Council on Community Nursing is one of the agencies of the Community Fund, and the executive secretary of the Detroit District Association is also the secretary-treasurer of the Joint Council on Community Nursing. The headquarters of the Detroit District Association occupies the same rooms as the Community Nursing Bureau and the director of the Bureau is also the executive secretary of the Detroit District Association. The clerical staff mentioned above serves the Association as well as the Bureau. Twenty-four-hour service is available.

A previous article, prepared by Miss Anderson, dealing with community nursing bureaus in general, appeared in the March issue of the *Journal*, p. 116.

What workers are accepted as registrants; (1) fully professional; (2) undergraduate; (3) trained auxiliary personnel; (4) "practical" nurses; (5) household workers?

Professional registrants are offered for hourly service, for continuous eight-hour-day service and for "resident" service in the home given by the day, the week, or the month. Only in exceptional cases are undergraduate applicants accepted. We prepare our own practical nurses by giving them a course of instruction which extends over a period of six weeks and consists of lectures, demonstrations and practice work. The course is sponsored by the Joint Council on Community Nursing and is financed by The Community Fund. One full-time instructor and one part-time supervisor in the field, both of whom are graduate nurses, are on the pay-roll. The executive secretary of the District Association is the secretary-treasurer and this has seemed a valuable tie-up. The advisory committee to the Department of Practical Nursing is having a meeting soon, when we will discuss the change of name of "practical nurse." The committee fixes the standards for instruction as regards quantity and quality. Household workers are being prepared at the Y.W.C.A. and will register with us for placement; they will be sent into the homes where little or no nursing service is needed.

By what standards is eligibility for registration determined in each of the groups?

Eligibility of the professional registrant is based on the following requirements:

Diploma from "Class A" school of nursing.

Registered in the State.

Satisfactory credentials from school of nursing.

Satisfactory references, recommending the nurse for the particular specialty for which she is seeking vocational placement service.

Satisfactory interview with the director of bureau.

In the case of a private duty nurse, a satisfactory answer to questions accompanying application blank sent to superintendent of nurses.

Must be within required age limitations.

Eligibility of the non-professional registrant is based on the satisfactory completion of the course sponsored by us.

What measures are taken to maintain discipline and deal with complaints?

We do not use the term "discipline"; we have created "terms of agreement" with our registrants rather than rules and regulations. When there seems to be an irregularity of which the registrant is guilty, she is invited to come in for an interview with the director.

Is supervision exercised over the actual work done by (1) the professional workers; (2) the non-professional workers. If so, by whom? Does supervision involve any special difficulties?

We carry on direct supervision of the non-professional registrants. A graduate nurse has been selected for this work and is at present on a part-time basis. Formerly, when the budget was more liberal we had a supervisor on full-time.

There is only "indirect supervision" of the professional registrant. We follow up her work and then seek interviews with her frequently. She is invited to come in for advice. After all, supervision should be advisory counsel. You ask if it involves any special difficulties. With the non-professional registrants—no. The people already know that this is our system but we may have to say to some of our newer clients that we have this service and that we invite them to use it. There have been one or two instances, in our long experience, when a doctor telephoned and said that he did not want any supervision of the practical nurse. I think we might have a great deal of difficulty if we did not always pave the way for the supervisor; the nurse, herself, tells the patient that there is a supervisor available and, if she finds the patient is agreeable, the supervisor, after telephone conversation with the nurse, decides

whether to enter this home or not. Naturally, the people are not yet educated to this service and are suspicious that the nurse is not reliable if she must be watched. Also, they claim that this is their private concern, they have selected the nurse, they are paying her and they do not thank anybody for coming into the home to dictate.

I often wonder if the doctor would not like to be relieved of the responsibility of prescribing the nursing service and whether he would be willing to allow the director of the Bureau or the nurse supervisor to do so. The doctor would first make the diagnosis and prescribe the treatment; the nurse director, after consultation with the family, and knowing the situation in the home, might then select the type of nursing service which would meet the needs of the patient at a cost which he would be able to afford. The medical profession and the public should be informed that the service of full-time private duty nurses is not the only one available, but that the Bureau can offer other types of service to meet different situations.

Do different types of workers ever share a single assignment?

Yes, we do feel that a combination service is very valuable; that is, a graduate going into the home on an hourly basis to take care of the more intricate treatment, with a practical nurse resident in the home to help out with the domestic service and to wait on the patient in between the visits of the hourly nurse. Another service we think is good, when they are not able to pay even the practical nurse with the hourly nurse combination, is when we send them a housekeeper and refer the case to the Visiting Nurse Association. The visiting nurse takes care of the nursing service and the housekeeper remaining in the home does the housekeeping and is directed by the visiting nurse regarding any attention to the patient.

What is the usual working day and night? Is twenty-four hour permitted? Is eight-hour duty for a reduced fee permitted?

We believe that the bedside nurse today should work only on an eight-hour basis and that the least she should be paid is $5.00 with her meals. We hope to accomplish this soon. The present fee is $4.50 with two meals, the cost of which is paid by the patient. Nearly seventy-five percent of our calls are for an eight-hour day.

In the home, unless the patient is very ill—such as a pneumonia case—the service most acceptable is usually what we call the resident service. That means that the nurse remains in the home. She may work twelve hours; she may work only eight hours; she may work even less time than that; but she is responsible for the patient during the twenty-four hours. She will go into the home and organize the situation so that there is someone doing the rather simpler tasks while she confines herself to the actual nursing service only. Twenty-four hour duty is not offered, but when there is only one nurse on the case, as I stated above, we call it resident service and we do not expect the nurse to work more than twelve hours.

The directors of the bureau established the schedule of rates, and the nurses are urged to give service to patients, when they are not able to pay the full rate, by sending in a bill adding the full rate for the number of days for which the patient can pay and record the balance of the time as free service. This does not change the schedule of rates.

What are the next steps which should be taken to strengthen the organization and improve the service of Community Nursing Bureaus?

The most important part of the plan, to my way of thinking, is to create an interested group, representing the community, and in every way to secure their

intelligent co-operation. They must be well enough informed to advise the professional groups on policies and methods.

Another forward step would be to create a more cohesive organization of bedside nurses. I do not feel that I can ever offer real efficiency of service while the registrants are a scattered, unorganized, undirected group.

I am counting a great deal on the Joint Committee on Community Nursing Service, recently organized in conjunction with our national nursing organizations. With a full-time executive secretary and a treasury, this committee will be able to demonstrate all these points I have made. I am hoping that this committee will feel able to select a moderate-sized community and establish there a centralized agency, according to this plan of organization I am offering you, and that they will also organize the workers on a staff basis, like other organized groups under direction and control. The bureau should have a subsidy from The Community Fund.

You ask what difficulties are likely to be encountered while a bureau is being organized. I think the re-organization plan I have outlined is practical enough and that it should appeal to every reasonable person who is interested in the nursing of the sick of the community. Many persons just naturally and instinctively take exception to any innovation, and whatever difficulties may be encountered would likely indicate lack of intelligent understanding on the part of the non-professional members. However, as I have stated before, we can educate this small group, which will soon become the "leaven which leavens the whole lump."

In answering your questions, I have tried to make it clear to you that we are not boasting that we have "finished" organization. There are still gaps here and there. As for instance, on the question of finances: we wish to establish the placement fee on a percentage basis. This has to wait for the increase of rates for the private duty nurse from $4.50 to $5.00 for an eight-hour day. We want the co-operation of the Hospital Council in this change, and this we have not yet been able to bring about. Another gap is in the financial support of the bureau. The Joint Council on Community Nursing has this question before it and its executive committee discussed the question at its last meeting, and decided that it is very evidently a responsibility on the part of the Council to bring about community support of the bureau. It should not be the responsibility of the professional nursing organizations to entirely support an agency established for the purpose of giving service to the community. Another weakness is the difficulty of keeping active, in an intelligent way, the advisory board of the Community Nursing Bureau. It is entirely a question of public education. It is unfortunate that nurses, physicians, potential patients, and hospital executives should be so unused to sitting around a conference table to discuss mutual problems. I consider the organization of this small group, *representing the community*, the crux of the whole situation. It is strange, but nevertheless true, that the nurses themselves stand in the way, many times, of progress in their own field. They are loth to admit outsiders into their family group to discuss questions which they feel are their own family problems.

It is difficulty to get publicity on nursing affairs and to present it so that the press is interested in publishing it. We are looking toward the time when our budget will permit a part-time publicity secretary of our Joint Council on Community Nursing, one who is trained and can give exclusive attention to this. So much is dependent on enlightened public opinion.

Department of Nursing Education

SCHEME FOR A UNIFIED SCHOOL FOR NURSES

H. B. ATLEE, M.D., Professor of Gynecology and Obstetrics, Dalhousie University.

There are at present five training schools for nurses in Halifax and Dartmouth. These include the Victoria General Hospital, the Halifax Infirmary, the Children's Hospital, Grace Maternity Hospital and the Nova Scotia Hospital. My proposal is that a school should be organized using the facilities of all these hospitals, together with those of the Tuberculosis Hospital, the Hospital for Infectious Diseases, and the Dalhousie Health Clinic for lectures and demonstrations. It is likewise proposed that a central nursing library be established—with a reading room and a system of loaning books—all of which might or might not be under a Department of Nursing at the University.

Hospital Facilities

Let us examine the available hospital facilities: The Victoria General Hospital is the largest general hospital in the city, and the only one with general public beds. This hospital would provide one of the two basal units in general training for the proposed school. The Halifax Infirmary is a Roman Catholic institution, and is in charge of the Sisters of Charity. It would prove the other basal unit in general training, particularly for Roman Catholic students. For special training we may look to Grace Maternity Hospital, a maternity hospital with public and private wards controlled by the Salvation Army. This hospital could be used for obstetrical training by all students of the Victoria General Hospital basal unit, and the Infirmary would train their own nurses in obstetrics. The facilities in obstetrics are excellent, and if made the most of, could scarcely be improved upon.

The Children's Hospital is a general hospital for children. In this scheme, it would provide training facilities for student nurses from the Victoria General Hospital and from the Infirmary, in the nursing of children. There might be a three months' sojourn here; the clinical facilities are excellent. The Tuberculosis Hospital affords good facilities for teaching in tuberculosis nursing. It could be made a valuable addition to the clinical facilities available for the instruction of nurses in the nursing of purely medical (as opposed to surgical) cases, and in a country like Nova Scotia, where tuberculosis is rife, every graduate nurse should understand the nursing of tubercular patients. Every nurse taking this course should spend one or two months here—or even three. It would be available to both the Victoria General Hospital and to the Halifax Infirmary student nurses. The Nova Scotia Hospital is the provincial mental hospital, situated across the harbour in Dartmouth. This hospital might be used to supply training in psychophatic nursing and mental hygiene.

The Dalhousie Public Health Clinic is a most valuable institution which presents unique possibilities for the instruction of nurses in a wide range of clinical nursing, including visiting with the public health nurses, with which could be incorporated district work with the Victorian Order of Nurses in maternity and general nursing. Three months spent here could be divided as follows:

One month in the Health Clinic, at the various clinics; instruction to be given by head nurses and doctors.

One month in visiting with the public health nurses.

One month on call with the Victorian Order of Nurses.

In addition to practical nursing experience, the Public Health Clinic could provide a central location where all nursing lectures and demonstrations could be given for all institutions combined. Its location is ideal for this purpose and the lecture room facilities second to none. The Infectious Hospital could be available for instruction in the nursing of infectious diseases—a most important part of a nurse's work.

It will be seen that the opportunities for a highly varied course in practical nursing are excellent, and while the facilities are not all they might be, they are sufficiently good to make the attempt at establishing a unified School for Nurses worth considering. Moreover, the establishment of such a school would, of itself, improve the facilities, in the same way that the establishment of a medical school improves the medical service of a hospital used for teaching purposes. The Victoria General Hospital, for instance, would not be as good a hospital as it is were it not for the stimulus which the Medical School gives to its clinicians.

The entrance requirements should be grade XI high school certificate or its equivalent.

Projected Course

A tentative outline is here presented for discussion:

A pre-nursing course, the length of which is to be decided later, but with a minimum of three months, during which lectures will be given in anatomy, physiology, materia medica and bacteriology, and during which the nurse would be given instruction in practical nursing procedures. This course is to prepare the nurse before she goes into the wards in the same way that medical students are prepared before they go into the wards. This preliminary course is an essential in a nursing course and would be carried out by the Dean and her nursing assistants, and by lecturers provided by the School from among University medical men, such as demonstrators and assistant physicians and surgeons.

The entire course in practical nursing should last three years, two years to be spent at either the Victoria General Hospital or the Halifax Infirmary. The third year should be spent as follows:

Grace Maternity Hospital, or the Halifax Infirmary maternity division: three months.

Children's Hospital: three months.

Dalhousie Public Health Clinic: three months.

The remaining three months should provide for three weeks of experience at the Infectious Hospital, and nine weeks should be devoted to lectures in surgery, medicine, obstetrics, children's diseases, mental hygiene, dental hygiene, school nursing, public health (from a purely nursing standpoint), gymnastics, massage, electro-therapeutics and dietetics (the last four with demonstrations).

During this three months (less three weeks) the nurse would board out of the hospital and would attend for lectures and demonstrations. This particular period need not of necessity, come at the end of the last year, nor need it even come in the last year at all. Perhaps, best of all, it might come half-way through the course, and give the girl a sort of "breather", out of hospital, to build up both physical strength and theoretical background.

Teaching Staff

The Dean of Nursing would have to be a well-equipped woman, thoroughly trained in one of the best of the big Canadian or American schools of nursing. This woman would take charge of the detail and management of the course, probably acting in close conjunction with the Dean of the Medical School. She would look after allotments, arrange curricula, and generally overlook the job. The school should have one or two nurse instructors, in each hospital, to supervise the training and to give lectures and demonstrations in certain subjects.

Lectures and demonstrations in such subjects as anatomy, physiology, materia medica, surgery, medicine, obstetrics, diseases of children, public health and personal hygiene, would have to be given by medical men and I suggest that these should be, in anatomy and physiology,

the demonstrators in those departments. The other subjects could be taught by the assistant surgeons, physicians and obstetricians, on the staffs of the various hospitals. The scientific laboratories of the Medical School would be available for laboratory instruction in the subjects requiring it.

Why All This?

First, to produce something we are not capable at present of producing: *an intelligent, well-trained, highly efficient nurse, with a sound intellectual and family background, who will lift the general tone of her profession to the height it should attain.* Second, to encourage the nursing groups in Halifax to take the lead in Canada in this important matter; and to show the rest of the Dominion that the province which first got representative government can still point the way. And lastly, to complete, by rounding out our medical and dental schools with a nursing school, our duty to the sick in Nova Scotia and to provide those possibilities out of which preventive medicine—the medicine of the future—will arise.

COMING EVENTS

Toronto

A refresher course for public health nurses is being planned under the auspices of the School of Nursing of the University of Toronto. This will be held from May 13 to 16 inclusive and the general topic will be "Changing practices in the field of child hygiene." This topic will be discussed from the following angles: *The paediatrician*: by Dr. F. F. Tisdall; *The psychologist*: by Dr. W. E. Blatz; *The nutritionist*: by Miss M. Bell; *The educationist*: by Dr. C. C. Goldring; *The social worker*: by Miss F. Held. Round-tables dealing with changing practices in child hygiene have been arranged as follows: (a) *The home*: by Miss E. Cryderman; (b) *The School*: by Miss Edna Moore; (c) *The child health centre*: by Miss M. Millman. For full information concerning the schedule of lectures and the conditions of enrolment apply to the School of Nursing of the University of Toronto.

Kingston

The Kingston General Hospital School of Nursing will celebrate its Golden Jubilee from June 22 to 25. This occasion celebrates the hundred and fifteenth anniversary of the inauguration of the Hospital itself as well as marking the fiftieth birthday of the School of Nursing. Special efforts have been made to reach every graduate, all of whom are cordially invited to attend; as yet, however, there still remain a few whom it has not been possible to locate. For further information please address correspondence to Miss O. M. Wilson, Reg. N., chairman of publicity campaign, Kingston General Hospital, Kingston, Ont.

Vancouver

A reunion is being planned of all graduates of the School of Nursing of the Vancouver General Hospital. This is to be held at the same time as the Biennial Meeting of the Canadian Nurses Association from June 29 to July 4. Miss Catherine Clibborn, corresponding secretary of the Alumnae Association, requests that all graduates of the School will kindly communicate as soon as possible with the Hospital. Correspondence may be addressed either to the Training School Office, or in care of the Alumnae Association at the Hospital. Kindly give full names and addresses; married nurses should also give their maiden names.

Department of Public Health Nursing

MATERNAL MORTALITY IN CANADA

Excerpts from a Report prepared by The Canadian Welfare Council.

One-half, if not more, of the twelve hundred Canadian mothers who die annually in child birth, could have been saved, if measures within present knowledge and control had been taken in time. This is the conclusion reached from a mass of evidence collated in a report on maternal mortality in Canada which will be published by the Canadian Welfare Council's division on maternal and child hygiene. Responsibility for the prevailing high rate of maternal deaths, which carries off more women between fifteen and fifty years of age than any other single cause with the exception of tuberculosis, must be assigned to the medical profession and to the laity is the contention of the editorial committee sponsoring this report.

Canada, as a whole, is still losing mothers in childbirth at the rate of 5.3 per 1,000 live births, though a perceptible and continuous improvement has been recorded since 1926, when the first nation-wide survey of maternal deaths, conducted by the Dominion Department of Health, recorded the high figure of 5.7 per 1,000 live births. The lowered death rates since achieved are due almost entirely to a reduction in those deaths which are preventable through pre-natal care, thus reflecting the results of the campaign of public education which followed the survey. Deaths ascribed to infection following pregnancy and to inadequate obstetrical care have shown no appreciable decline.

Some Good Records

As contrasted with the continuing high rate for the Dominion, records are cited of individual provinces and institutions which have attacked this problem with remarkable results. Outstanding is the record of the Province of Manitoba, which, faced with a maternal death rate in 1929 of 6.8 per 1,000 births, has almost cut that rate in two in the course of five years, with but 3.8 deaths per 1,000 births in the preliminary statistics of 1934. The Province of Saskatchewan has reduced its high rate of 7.1 in 1926 to 4.4 in 1934 and these remarkable results were achieved in a five-year period of unusual hardship and economic distress on the prairies.

The significant record is also cited of the Victorian Order of Nurses, which gives pre-natal and confinement care to more than 13,000 mothers annually, with a rate of only 1.9 per 1,000 births in 1933, and 1.8 in 1934. Among the hospitals whose records are markedly low are the Royal Victoria Maternity Hospital in Montreal, with a rate of 2.5 maternal deaths in 1934-5, and the Burnside Maternity Clinic of the Toronto General Hospital which has not more than one death annually in recent years, and in some years none at all, with approximately 500 maternity patients served each year. The Red Cross outpost hospitals, located on the frontiers of settlement, have also maintained an exceptionally low record.

Factors in Mortality

Turning to an analysis of causes, a fact which stands out is that one-third of maternal deaths in Canada occur before the time of normal confinement and are associated with interrupted pregnancies, abortions or miscarriage, or deaths during pregnancy and before completion of term. This fact is borne out by evidence compiled by the Dominion bureau of statistics in a two-year analysis of maternal deaths for the whole Dominion, while in the special study made in Manitoba for the five year period 1928-1933, 34 per cent

of maternal deaths were so classified. A similar analysis for the Province of Ontario gave much the same result.

One-third of the hazard is thus shown to lie in the earlier months of pregnancy rather than at the time of normal confinement. This hazard points to the responsibility devolving upon the expectant mother, herself, and upon the community acting in her behalf, if she has not the resources to do so, to seek pre-natal care in the first six months of pregnancy. Secondly, it throws into relief the economic and social factors contributing to the high rate of abortions among both married and unmarried mothers in these times. Varying estimates concede, according to this report, that abortions occur in from 14 to 20 per cent of all pregnancies, and that two-thirds of the deaths ascribed to abortion are due to infection.

Figures compiled by the Dominion bureau of statistics show a death rate of only 4.9 per 1,000 live births for married mothers, as compared with a rate of 7.8 for unmarried mothers in 1933. In 1926, the rate for unmarried women was as high as 9.5. While other important factors undoubtedly contribute to the high maternal death rate among unmarried mothers, evidence indicates that the hazards of abortion are incurred in a relatively high proportion of these cases. That pre-natal supervision and adequate care at confinement will minimize the hazards for the unmarried mother has been demonstrated by social agencies which care for the unmarried mother and her child. In more than 2,000, over a five-year period, the Toronto Infants Home lost only two unmarried mothers, whereas the general maternal death rate for the city of Toronto during that period averaged 6 per thousand live births.

Infection at the time of childbirth still ranks as the deadliest foe of motherhood. Puerperal septicaemia remains the cause of not less than one-quarter of maternal deaths. Conceded to be almost entirely preventable, infection has shown little decline in these recent years in which medicine has made such strides in the control of infection generally. Its continuance can only be ascribed to carelessness and to neglect to take precautionary measures: neglect on the part of the patient herself, her husband and members of her household in observation of measures of personal hygiene that will protect her from infections in the last weeks of pregnancy. Nor can that element of risk be dismissed which is due, in too many instances, to failure on the part of medical and nursing attendants to observe such precautions as the wearing of masks and sterile gloves.

The toxaemias of pregnancy, ranked as the cause of twenty-one per cent of deaths in the Canadian 1926 enquiry, have shown a consistent decline in subsequent years, reflecting, it is believed, the increasing appreciation on the part of both mothers and physicians of the value of pre-natal care in controlling this factor. Further attack would seem to be in the direction of improved obstetrical service and the education of the lay public to demand a higher standard of technical experience in this branch of medicine.

The increasing use of operative interference and other artificial aids to delivery throughout all western civilized countries to shorten labour in normal cases is also deplored by the medical authorities whose opinions are quoted. Pointing out that the maternal death rate in spontaneous deliveries is less than one-fifth of the death rate in operative deliveries, the New York Academy of Medicine report declares that "the medical profession is obligated to inform the lay public that operative delivery undertaken merely to relieve pain or to shorten labour involves increased risk for both mother and baby."

Maternal deaths resulting from the increased strain of pregnancy upon women already suffering from diseased conditions

or generally impaired health are placed as high as eighteen or twenty per cent in some studies. These conditions include heart and kidney disease, tuberculosis, and defects and deformities which may have been caused by rickets and malnutrition.

Social and Economic Factors

Contrary to what might perhaps be anticipated, economic status and conditions do not appear to affect maternal mortality to an appreciable degree, though it is believed that economic hardship and poor housing are factors to be reckoned with in contributing to the deaths ascribed to infections and toxaemias. An interesting fact brought to light is that race, in itself, is a factor in maternal deaths, and one to be reckoned with in international comparisons. Special Canadian studies have revealed a correspondence between the death rates among women of different racial origins and the rates in the countries from which they come. It was found, for instance, in the Manitoba enquiry, that the mortality rate among Scottish women was 6.4 as compared with a rate of 6.7 in Scotland for the same years, while the rate for English and Welsh women was 4.6 as compared with the rate in England and Wales of 4.3. The low rates among Dutch and Scandinavian women (2.2 and 3.3 respectively) correspond closely with their low rates in Europe, while the high rate of 8.6 among Austrian mothers in Canada was comparable with the rate of 8.1 prevailing in Austria.

Climatic conditions are also found to be a factor of importance by means of a special quarterly analysis of maternal deaths by causes over a period of years, made for the first time this year by the Dominion bureau of statistics. While the low rates prevailing in Scandinavian countries indicate that the increased dangers which accompany the severity of winter are controllable, the findings of the Dominion bureau indicate a definite upward trend in maternal deaths during the autumn and early winter months, corresponding with the general increase in respiratory infections during that period.

The age of the mother and the incidence of pregnancy are of course well known factors in maternal deaths. Mortality is higher in the first pregnancy, and after the fifth pregnancy. The safest age in childbirth is the nine-year period of twenty to twenty-nine years. These findings suggest the significance of economic and social factors tending to defer the age of marriage and lower the general birth rate.

Finally, an interesting side-light is thrown by this study on the relationship between the high rate of still births in Canada and the prevailing rate of maternal deaths. The evidence, compiled both in Canada and the United States, reveals that a woman giving a still birth is fifteen times more likely to die than a woman giving a live birth.

Demonstration Suggested

A general campaign of education would do much to cut down Canada's high rate of maternal deaths, the editors of this report believe, but a five-year demonstration of these principles in actual practice would do much more. Included among the recommendations is the suggestion that a series of demonstrations be launched in selected areas of the Dominion, representing both urban and rural communities, under the joint auspices of public health and welfare authorities, the professional associations, and representatives from the lay citizenship. The experience gained and the results achieved in such concerted attacks on this problem would afford both knowledge and argument for a rapid extension of maternal care programmes in every province in the Dominion.

Book Reviews

AN INTRODUCTION TO PUBLIC HEALTH, by Harry S. Mustard, M.D., Associate Professor, public health administration, the Johns Hopkins University; Director, Eastern health district, Baltimore, Md.; lecturer on public health and sanitation, the Johns Hopkins Hospital School of Nursing. 229 pages and index. Published by the Macmillan Company of Canada, 70 Bond St., Toronto. Price $2.50.

In a brief review such as this it is difficult to do full justice to this excellent book. Its aim, as stated in the foreword is as follows:

> This volume is designed mainly to orient the student in the field of public health. It furnishes a background of information and, in one way or another, tends *to develop a philosophy and perspective*. It is purposely brief and does not concern itself with the details of public health administration; nor does it presume to offer suggestions for classroom or field instruction in any of the specialized phases of public health practice. It therefore provides information rather than direction.

The italics are ours, and in this phrase are summed up the very qualities which make the book unique among its kind. Public health is treated throughout as a way of life for the individual as well as for the community. There is nothing static about it — "it should be remembered that the whole field of public health is in a fluid stage, and a non-frozen perspective and an elasticity of attitude are essentials." Yet there is nothing vague. For example, the chapter on communicable diseases is a model of practical, concise information so arranged as to be readily available. The straightforward sensible approach to the control of venereal disease is admirable, and three excellent chapters are devoted to a discussion of childbearing, hygiene of infancy and childhood, and school-health service. Every public health nurse may safely accept this book as a guide in her daily work. In schools of nursing it should be used for the purpose for which it was designed: "to orient the student in the field of public health."

UROLOGICAL NURSING, by David M. Davis, M.D., Associate in Urology, The Johns Hopkins University, 1917-1924; Professor of Genito-Urinary Surgery, Jefferson Medical College, Philadelphia. Second edition; 195 pages; 67 illustrations. Published by W. B. Saunders Company. Canadian Agents: McAinsh & Co., 388 Yonge St., Toronto. Price $2.75.

Patients suffering from urological diseases need nursing care of an unusually high order and yet they are frequently looked upon as "difficult patients." This attitude is partly due to the fact that many nurses really know little about the anatomy and physiology of the organs which are involved. This ignorance makes it impossible for them to give skilled assistance with the delicate and complicated procedures which are necessary in the treatment of urological conditions. Sometimes this work has been relegated to orderlies who are not capable of assuming such responsibility. In the six chapters which make up this book, Dr. Davis gives clear and authoritative information under the following captions: anatomy and physiology of the uro-genital tract; urinary obstruction and principles of urinary drainage; nursing care; urological equipment; urological procedures. This textbook will be found useful in amplifying the course of instruction given in schools of nursing. It will be especially valuable to operating room supervisors and to head nurses who are responsible for teaching orderlies.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Executive Commitee

A meeting of the Executive Committee of the Canadian Nurses Association, held in Regina in March, was attended by the President, Miss R. M. Simpson; the Honorary Secretary, Miss Elsie Wilson, and the Misses Amas, Lawrie, Smith and Wills. A brief résumé of the interim reports from the Provincial Associations of Registered Nurses is published herewith. In each of these reports reference was made to the study of the proposed plan for Dominion Registration as submitted to the provinces by the Canadian Nurses Association.

Alberta

For an experimental period of one year the Alberta Registered Nurses Association has appointed a school advisor, and Miss Eleanor McPhedran, who has accepted this temporary appointment, has been visiting the schools of nursing in Alberta. Miss McPhedran represents the Association on the Senate of the University of Alberta and is a member of the school of nursing inspection committee. The eight-hour day for graduate nurses, in operation in Lethbridge for over six months, is proving satisfactory to patients, doctors and nurses. An increase in the amount of work for the nurses has been noted.

British Columbia

In preparation for the General Meeting of the Canadian Nurses Association in Vancouver, the arrangements made by the Registered Nurses Association of British Columbia, are approaching completion.

Manitoba

A present activity of the Manitoba Association of Registered Nurses relates to the reorganization of the Manitoba Nurses Central Directory, plans for which are proceeding satisfactorily. It was announced that Miss E. MacPherson Dickson, convener of the Dominion Registration of Nurses Committee of the Canadian Nurses Association, would address the Association during Easter week.

New Brunswick

The New Brunswick Association of Registered Nurses has undertaken, during the current year, to have the secretary-registrar visit all schools of nursing in the province. Preparatory to doing so, by arrangements made through the National Office of the Canadian Nurses Association, that officer spent a week in Montreal for observation purposes in the offices of the secretary-registrar and school visitor of the Association of Registered Nurses of the Province of Quebec, and of the local schools of nursing. In future, candidates who fail to secure registration after two supplementary writings will be required to write the entire examination and to pay full fee; one supplementary writing will be permitted. Also, examinations will be held at two centres in New Brunswick. By Order-in-Council, the residential clause for those applying for registration in New Brunswick has been deleted, and cancellation given to the annual publication in the *Royal Gazette* of the list of nurses in good standing; instead, that list is to be deposited in the office of the Provincial Secretary each January. The private duty nurses of Saint John are endeavouring to ascertain the amount of unemployment among the nurses of that city.

Nova Scotia

After thorough consideration, the Registered Nurses Association of Nova Scotia has decided against the adoption of a plan of representative voting by the branches of the Association; it had been proposed to formulate a plan similar to that used in the Canadian Nurses Association. The Association, through a narcotics commit-

tee, is undertaking to supply the members with information circulated by the Federal authorities.

Ontario

At the first meeting of the Board of the Registered Nurses Association of Ontario in 1936, there was almost a one hundred per cent attendance; there are sixteen members on the Board. A committee on archives was appointed. The chairman of District 1 announced that an eight-hour day for graduate nurses in hospitals in London is in operation, also that two hospitals have adopted the eight-hour day for student nurses with gratifying results.

Prince Edward Island

The first quarterly meeting in 1936 of the Prince Edward Island Registered Nurses Association was held in Charlottetown, with a representative attendance. The Reverend Sister Stanislaus, superintendent of nurses in the Charlottetown Hospital, was appointed the official delegate to the General Meeting of the Canadian Nurses Association.

Quebec

Within recent months, gratifying progress has been made by a special committee appointed by the Association of Registered Nurses of the Province of Quebec to study the organization of a community nursing service bureau. The study is being made in co-operation with representatives of the Montreal Graduate Nurses Association Registry. Two scholarships for 1936-37 are being offered by the Association, one for a year at the School for Graduate Nurses, McGill University, and the other at L'Ecole d'Hygiène Sociale Appliquée de L'Université de Montréal.

Saskatchewan

Miss E. MacPherson Dickson was invited to address the Saskatchewan Registered Nurses Association on "Dominion registration of nurses" at the annual meeting, during Easter week. With the completion of eighteen years of registration of nurses in Saskatchewan, over 2,500 nurses have obtained registration, while the number in good standing on December 31, 1935, was 990.

General Meeting

Members of the Canadian Nurses Association are referred to "Notes from the National Office" in the April number of the *Journal* in which is published the outline of the programme for the General Meeting. That meeting is to be held in the Hotel Vancouver, Vancouver, B.C., from June 29 to July 4, 1936. No general sessions will be held on July 1, but the Executive Committee will meet at nine o'clock that morning. The Arrangements Committee has left Thursday, July 2, free of plans for entertainment. It is suggested that groups planning for special social functions should make their arrangements for that date. As previously announced, Mrs. Ernest Helliwell, 5041 Marguerite Street, Vancouver, will be pleased to make the necessary reservations for these groups. It is anticipated that there will be an unusually large number of tourists in Vancouver on and about July 1, therefore early reservation of hotel accommodation is urged. Hotel rates, received from the Arrangements Committee, are again published:

Except where indicated, the rates quoted are those per person per day. (S. indicates single room; D. indicates double room.)

Hotel Vancouver: S. $2.50, with bath $3.50; D. $2.00, with bath $2.50.

Hotel Grosvenor: S. $1.50, with bath $2.00, $2.50; D. $1.25, $1.50, with bath $1.50, $2.00.

Hotel Georgia: S. $3.00, $4.50; D. $2.25, $3.50, all with bath or shower.

The Devonshire: S. $3.00; D. $2.00, all with bath.

The Hotels Vancouver, Georgia, and Grosvenor have a number of large rooms or two rooms in suite (with bath) for accommodating three to four persons at rates varying from $1.25 to $2.50 per person per day. Arrangements can be made with "The Devonshire" for kitchenette apartments for $3.50 per day for one person and $5.00 per day for three persons. Also, parlour suites, with or without kitchenettes, varying from $6.50 per day for two persons to $9.00 per day for four persons.

As previously announced, the railways are unable to offer any specially reduced rates beyond those for the customary summer excursions. Further information concerning rates to Vancouver and return can be obtained at all railway ticket offices in Canada.

Quadrennial Congress

In a recent letter, received from the headquarters of the International Council of Nurses, the dates of the next Quadrennial Congress are announced. The Congress will be held in London, England, from July 19 to 24, 1937. Plans are being made for religious services on Sunday, July 18. The meetings of the Board of Directors and Grand Council will be held between July 12 and 17.

THE "M.G.H." SCHOLARSHIP

The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of $250.00 to a graduate of this school, who is in good standing, to enable her to attend any of the regular courses given in the School for Graduate Nurses, McGill University, Montreal. These courses include: teaching in schools of nursing; supervision in schools of nursing; public health nursing; supervision in public health nursing. Applications will be received by Miss Martha Batson, the Montreal General Hospital, until June 15, 1936.

THE NIGHTINGALE MEMORIAL FOUNDATION

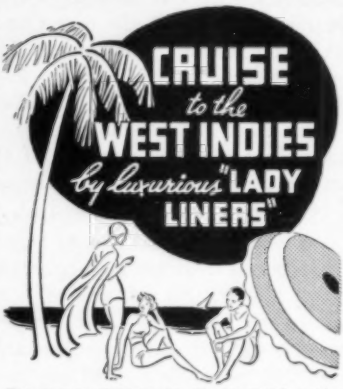
GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee.

Throughout the Dominion interest in the Foundation is being well sustained and donations from the various provinces during the past month have been definitely gratifying although $625.00 is still required to make up the quota for 1936. It has been interesting to note the generous sums sent forward by student nurse groups and the means they take for raising their objectives. The students of one hospital give an annual garden party and fête and, in New Brunswick, the convener reports that all schools of nursing in the province responded to her appeal by contributing ten cents from each student per month; one student in each school holds herself responsible for the collections. The Charlottetown members of the Registered Nurses Association of Prince Edward Island organized a most successful cake sale and the Summerside group also made a generous donation.

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Nursing Education Section, Alberta Association of Registered Nurses.	$ 10.00
Overseas Nursing Sisters Association Edmonton	10.00



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Staff, Bella Coola General Hospital	8.00
Sisters of St. Ann, St. Mary's Hospital, Dawson, Y.T.	2.00
Vancouver General Hospital Student Council	40.00
Vancouver Graduate Nurses Association	40.00
Miss E. Paulson	1.00
Miss M. Young, Ocean Falls	10.00

Manitoba

Manitoba Association of Registered Nurses	113.65

New Brunswick

New Brunswick Nurses	140.00

Nova Scotia

A.A., Halifax Infirmary	5.00
A.A., Glace Bay General Hospital	10.00
A.A., St. Joseph's Hospital, Glace Bay	10.00

Ontario

Staff, Bowmanville General Hospital	1.00
A.A., Victoria Hospital School of Nursing, London	15.00
A.A., Hamilton General Hospital	5.00
A.A., Niagara Falls General Hospital	5.00
A.A., St. Luke's Hospital, Ottawa	10.00
A.A., Nicholls Hospital, Peterborough	5.00
Community Health Association, Toronto	10.00
A.A., St. Joseph's Hospital, Toronto	10.00
A.A., Toronto Western Hospital	25.00
A.A., Woodstock General Hospital	5.00

Quebec

Nursing Staff, Alexandra Hospital, Montreal	35.00
Edith Cavell Chapter, I.O.D.E., Montreal	5.00

Saskatchewan

Graduate Nurses Association, Prince Albert	10.00
A.A., Grey Nun's Hospital, Regina	5.00
Saskatoon Registered Nurses Association	10.00
Student Nurses Association, Saskatoon City Hospital	5.00
A.A., St. Paul's Hospital, Saskatoon	5.00
A.A., Saskatoon City Hospital	5.00
Nurses, Kerrobert Union Hospital	1.25
Saskatchewan Registered Nurses Association, Regina Branch	10.00

PEACE RIVER

From the Peace River Block in northern British Columbia, we greet you. This district is approximately four thousand nine hundred square miles in size and has possibilities of a great future but at present it might well be termed a frontier settlement. Although some people homesteaded in the block fifteen or twenty years ago, most of the land has been taken up within the last five or six years, and these settlers are busy proving up homesteads, building log cabins, clearing a few acres and trying to get a home together.

Some of the homes are very isolated and schools are found in the most surprising locations; one must almost search in the woods for them and it is often necessary to walk several miles in order to find them.

Almost every nationality is represented here and almost every trade, business and profession has been given up in an attempt to achieve success in the Northland. Hardship, disappointment and suffering have been the result in many cases. Farming in this rigorous climate under somewhat primitive conditions is not an easy life. Many are on relief and, at first, one cannot see anything but a hopeless future for them. However, after listening to the "old-timers" (one must have been in before the railroad came as far as Dawson Creek to be termed an old-timer) recite tales of threshing "sixty to the acre," and how the winters are much milder than they were, and that roads are really good now, one begins to feel, along with them, that this is indeed a land of promise.

Our health unit came into existence only last September so that our value is also, as yet, something of a promise. The organization is slightly different from any other in Canada in that it is even more closely linked than usual with the Department of Education. The whole block is under an official trustee who is also inspector of schools. Local school boards have been retained, but now act only as advisory committees to the official trustee in regard to local conditions. As one might imagine this has given rise to much discussion in certain areas, many residents feeling that they were being deprived of their just rights. However, after one and a half years' administration, they are beginning to realize that this system is really a great improvement on the old. The whole plan has saved considerable public funds, improved school-buildings, encouraged and developed better teaching, and has been instrumental in introducing a health service for the schools.

The *Safe* Laxative *for* Children

Because of its gentle action and ease of administration, Phillips' Milk of Magnesia is prescribed routinely by many pediatricians.

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As an antacid—½ to 1 teaspoonful.

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QUEBEC CITY

At the present time, our health unit staff consists of a full-time director who acts as medical health officer and school health inspector, four full-time public health nurses and three part-time co-operating nurses. The last mentioned are residents of very isolated districts and are responsible for only a small area. We four full-time public health nurses are located at different points as central as possible in our respective districts. There isn't a chance to run home at eventide and discuss with one another the trials and tribulations of the day's work. In fact, we seldom see one another, but it's lovely when we do. We hope soon to arrange regular meetings when we can all meet together with the director.

Transportation is one of our biggest problems. Each nurse is supplied with a roadster car, this being the lightest and best possible thing to take us through mud-holes and over stumpy trails. But little use they will be when roads pile high with snow. Again the old-timers tell us we are "dern lucky this year — the best winter we've had since '30." Each nurse has a team and driver hired for snowy travelling. This mode of transportation seems rather slow going after a car, but one must get around somehow. We try to visit all our schools at least once a month.

I think our most outstanding piece of work so far was dental clinics, held last September and October. Two full-time dentists were appointed and sent in by the provincial board of health. We nurses acted as clinic organizers, dentists' assistants, or as chauffeurs to transport patients. The service was offered to all school and pre-school children of the district. These clinics meant a great deal of work but were very much worth while. Records kept show us that one thousand and five children were treated in all; 1,700 fillings of all types; 1,123 extractions; 814 patients on whom prophylactic treatment was carried out.

We have many deep-laid plans for improving health conditions: vaccination, goitre prevention, well-baby clinics, home nursing and first-aid classes are already under way. In this isolated Northland there is great need of health education. The school-children readily accept one as a friend, young mothers on remote homesteads are athirst for knowledge and information regarding their individual problems. Some of the general public may look askance at our strange new ideas, but we find them gradually and gratefully accepting our service.

RITA M. MAHON,
Public Health Nurse, Dawson Creek, B.C.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: At a recent meeting of the Alumnae Association of the Calgary General Hospital Mrs. Lucy Bagnall gave a clear and interesting address on the Italo-Ethiopian situation. The close attention of the nurses showed how carefully they followed the speaker, and their applause bespoke keen enjoyment. The membership committee reports progress in their search for former graduates, and a keen interest in keeping in touch with the affairs of the new association.

BRITISH COLUMBIA

VANCOUVER: MARRIED: On March 7, 1936, Miss Kathleen Louise Yates (Royal Jubilee Hospital, Victoria) to Mr. Keppel Charles Boulton.

NEW BRUNSWICK

MONCTON: The Local Chapter, R.N.A.N.B. held a meeting on April 6, when plans were discussed for entertaining the graduating class of the School of Nursing of Moncton Hospital. Following the March meeting of our local chapter Dr. J. A. Melanson gave an instructive talk on communicable diseases. A successful rummage sale was held recently; the Misses Ida Scott, Laura Steeves, and Lilluth Reid were joint conveners.

ST. STEPHEN: A recent meeting of the Chipman Memorial Hospital Alumnae Association had a large attendance. It was decided that a prize be given to the student having the highest standing in her three years' work and that a year's subscription to *The Canadian Nurse* be given to each member of the graduating class. Miss Beatrice Hadrill, who has terminated her duties as instructor at the Chipman Memorial Hospital, to become superintendent of the Miramichi Hospital, Newcastle, N.B., was presented with tokens of esteem by the staff and student nurses. Miss Clara M. Boyd is temporarily filling the position of instructor at the C.M.H. Mrs. Charles Boerner (Enid McIntyre, C.M.H., 1916) has returned to Mayo, Yukon, after visiting her parents, Dr. and Mrs. McIntyre.

MARRIED: On March 30, 1936, Miss Maude Cheney to Mr. Romain Morse.

WOODSTOCK: A meeting was held recently of the Alumnae Association of the L. P. Fisher Memorial Hospital. Mrs. Frank Hanson presided and there was a good attendance. It was voted that one hundred dollars be given towards the first payment on the gas oxygen machine for the Hospital. Dr. O'Donnell gave an interesting lecture on "Abdominal pain" which was greatly appreciated. The Alumnae Association recently held a successful tea at the home of Mrs. W. B. Manzer; a substantial sum was realized for hospital purposes.

NOVA SCOTIA

HALIFAX: The last of a series of lectures on tuberculosis, sponsored by the Halifax Branch, R.N.A.N.S., was given on March 30 and took the form of a practical demonstration of home nursing, given by Misses Steel and Gaudet, of the Halifax Branch of the Victorian Order of Nurses. Two health films were also shown.

Miss Kathleen Harvey, until recently night supervisor in the private pavilion of the Victoria General Hospital, has accepted the position of superintendent at the Soldiers' Memorial Hospital, Middleton, N.S. Miss Audrey Purtill was recently appointed to the nursing staff of Victoria General Hospital.

MARRIED: On December 24, 1935, Miss Carrie Hirtle (V.G.H., 1933) to Mr. Otto Johnson.

ONTARIO

DISTRICT 1

CHATHAM: MARRIED: On March 6, 1936, Miss R. Winter (St. Joseph's Hospital, Chatham) to Mr. Oscar L. Knapp.

MARRIED: Recently Miss M. Nagle (St. Joseph's Hospital, Chatham) to Mr. Clarence Jackson.

LONDON: A most successful three-day refresher course, organized under the auspices of District 1, R.N.A.O., took place recently at the Institute of Public Health in London. The total attendance was about two hundred and included nurses from practically every centre in the District. The programme included the following items: *Current nursing problems*: Miss Mildred I. Walker, Chief, Division of Study for Graduate Nurses, University of Western Ontario; *Review of digestion*: Dr. A. J. Slack, Dean, Faculty of Public Health, University of Western Ontario; *Some modern trends in diabetes*: Dr. E. M. Watson, Associate Professor of Pathological Chemistry, University of Western Ontario; *Practical points in the nursing care of diabetic patients and insulin therapy*: Miss Geraldine Webster, B.A., Reg. N.; *The dietary treatment of diabetes*: Miss Marion Penhale; *General implications of psychiatric nursing*: Dr. G. H. Stevenson, Superintendent, Ontario Hospital, London; *The mental health clinic and its relation to nurses*: Dr. S. G. Chalk. Demon-

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strations of hydrotherapy and occupational therapy were also given at the Ontario Hospital.

The concluding series took the form of a conference on planning a public health nursing programme. The following speakers discussed this general topic from the angles indicated: *A nurse in a generalized programme*: Miss Madeline MacDonald, public health nurse, St. Mary's; *A nurse in a specialized programme*: Miss Mary Wright, Board of Education, London; *A medical officer of health*: Dr. W. L. Hutton, M.O.H., Brantford; *A field supervisor of the Ontario Department of Health*: Miss Hilda Pennock; *Chief public health nurse of Ontario*: Miss Edna L. Moore.

Pleasant features of the occasion were a delightful luncheon given by the authorities of the Ontario Hospital and an afternoon tea which marked the conclusion of a most successful undertaking.

SARNIA: The Alumnae Association recently held a successful tea at the Sarnia General Hospital; about three hundred guests were present. Miss Pauline Ashton is taking a postgraduate course in surgery at St. Michael's Hospital, Toronto. Miss Gladys Rooke is also taking a postgraduate course in obstetrics at St. Michael's Hospital. Miss Audrey Rogers has accepted a position as supervisor of the first floor at the Sarnia General Hospital.

MARRIED: On March 18, 1936, Miss Doris R. Robinson to Mr. Wallace Lowrie.

DISTRICTS 2 AND 3

BRANTFORD: On April 7 the Alumnae Association of the Brantford General Hospital entertained the undergraduate nurses; the speaker for the evening being the Hon. W. G. Martin, who gave an interesting account of his experience on the trip to "The top of the world with the Eastern Arctic Patrol." Miss E. M. McKee, Miss C. E. Jackson, Miss H. D. Muir and Miss F. P. Stewart attended the annual meeting of the R.N.A.O. held in Peterborough. Miss Muriel Nichol of the staff of the Brantford General Hospital has left for California where she expects to spend the next two months. The Victorian Order of Nurses had an exceptionally busy month during March. Since the beginning of the year some 1,700 visits have been made, which is some indication of the great demands upon these faithful nurses under the direction of Mrs. J. N. Mitchell, superintendent of the Brantford Branch.

DISTRICT 5

The evening of March 19 was a really historic date in the annals of the Alumnae

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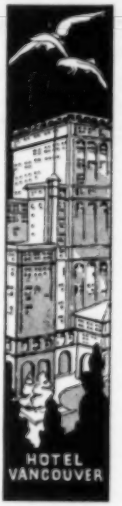

HEADQUARTERS FOR THE BIENNIAL GENERAL MEETING CANADIAN NURSES' ASSOCIATION,
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CANADIAN PACIFIC HOTELS

Association of the School of Nursing of the Toronto General Hospital, for it was on that occasion that Miss Gunn's portrait was unveiled. The ceremony marked the fulfilment of a wish of several years' standing on the part of the Association who had long felt that they wished to give tangible expression to their high regard and sincere admiration of Miss Gunn, and to fittingly recognize the many honours which have come her way. She proved rather difficult to persuade, but finally consented; Sir Wyly Grier was the artist selected, and the result has certainly vindicated this choice. The portrait is a splendid likeness of Miss Gunn, and in it she is wearing a dress of the soft grey shade so becoming to her. It hangs at the north end of the East Residence reception room, directly opposite Miss Snively's portrait. The guests were received by Miss Nettie Fidler, Mrs. Fox and Miss Gunn, and Mr. Mark Irish was the genial and able chairman. Dr. Hendry, representing the medical staff of the hospital, was the first speaker and outlined the main events of Miss Gunn's nursing career and paid tribute to her many fine qualities and achievements, concluding with a characteristic touch of his kindly humour. Sir Wyly Grier then gave a witty résumé of his association with Miss Gunn during the painting of the portrait, making it plain that he had thoroughly enjoyed the experience. Miss Fidler, who unveiled the portrait, expressed the feelings of everyone present when she referred to Miss Gunn's unfailing devotion and loyalty to her own nurses and her interest in their welfare, no matter how many national and international nursing affairs claimed her time and attention. Miss Gunn, in accepting the portrait, characteristically disclaimed any personal reason for its presentation, but said she felt it was an expression of the Association's regard for their School. She intimated that the experience of sitting to Sir Wyly had not been entirely dull or unpleasant.

Mr. Fox accepted the portrait from Miss Gunn on behalf of the Board of Trustees of the Hospital, and voiced their pleasure that it would hang on the walls of the Residence. He

referred to Miss Gunn's qualities of mind and personality, and spoke of the happy relationship which existed between her and the Board. A presentation, by Mr. Fox, to Miss Gunn's mother, of a photograph of the portrait was a pleasant incident of the ceremony, as was also the announcement of a new scholarship, in memory of the late Louise Dickson, to be named for Miss Gunn, which entitled an alumna to a year's postgraduate study at the University.

DISTRICT 6

LINDSAY: MARRIED: On April 2, 1936, Miss Beulah R. Robertson (R.M.H., 1930) to Mr. Leonard C. Dart.

DISTRICT 7

BROCKVILLE: The annual meeting of District 7 R.N.A.O., was held on March 13, in the Comstock Memorial Nurses' Residence, Brockville, the president, Miss L. D. Acton, being in the chair. A most interesting address was given by Miss Agnes MacPhail, M.P., who gave delightful glimpses of happenings in Parliament under the title of "The parliamentary scene." Miss MacPhail was presented with a bouquet of roses from the Alumnae Association of the Brockville General Hospital. Dr. Chadsey of Brockville spoke on "Minor ailments and emergencies," a talk which was of great interest and practical value. The new officers nominated for the year are: President, Miss M. Bliss, Smiths Falls; vice-president, Miss E. Moffat, Brockville; secretary-treasurer, Miss D. Driffield, Smiths Falls; conveners: Public Health Section, Miss Ross; Private Duty Section, Miss D. Storms, Kingston; Nurse Education Section, Miss L. D. Acton; membership committee, Miss O. M. Wilson, Kingston; programme committee, Miss A. Baillie, Kingston; publicity committee, Miss A. Church, Smiths Falls; representative to *The Canadian Nurse*, Miss A. Bernice Graham. A delicious supper was served by the hostesses, Miss Moffat and the Alumnae Association of the Brockville General Hospital.

MARRIED: On March 4, 1936, Miss Bessie Lenard (K.G.H., 1934) to Mr. Harry J. Tudhope.

MARRIED: On March 4, 1936, Miss Edna Myers (K.G.H., 1932) to Dr. W. A. Hargrove.

PERTH: At a recent meeting of the Nurses Association of Perth, the following officers were elected for the year 1936: Honorary President, Mrs. E. W. Walker, Perth Memorial Hospital; president, Miss Griffin; first vice-president, Miss Iva Cooke; second vice-president, Miss Bessie Watters; secretary, Miss Vera J. Manders; treasurer, Miss Helen Smith; representatives to *The Canadian Nurse*, Miss Reta Bell, Miss Edna McNeely; social committee, Miss Victoria Brown; flower committee, Miss Hazel Cooke and Miss Bessie Watters.

DISTRICT 9

GRAVENHURST: The March meeting of the Gravenhurst Chapter R.N.A.O. was held in the Medical Library of the National Sanitarium, with seventeen members and several non-members in attendance. Miss Sylvia Howard presided and Dr. C. B. Ross gave an interesting and instructive talk on the anatomy, physiology, and chemistry of the digestive system. Miss Ethel Rainer, convener of the Permanent Education Fund for this Chapter, gave a talk on the purpose of the Fund, which was very informative. The Chapter's quota was raised by voluntary subscription. Miss Jean Smith read an article by Mrs. Nelson on "Social and economic factors as they affect our service to the public." Miss Adelaide was appointed delegate to attend the R.N.A.O. annual meeting to be held in Peterborough.

SAULT STE. MARIE: Miss L. M. Carberry, social worker of the Children's Aid Society, addressed a recent meeting, held at the Plummer Memorial Hospital. One of the outstanding events of the season was a successful dance under the auspices of the Alumnae Association of the General Hospital, the proceeds of which will be used to purchase furniture for the Nurses' Room at the Hospital.

PRINCE EDWARD ISLAND

CHARLOTTETOWN: Miss Jean Browne, director of the Junior Red Cross, was a welcome visitor to Charlottetown and was the chief speaker at the annual meeting of the Red Cross Society of Prince Edward Island; she also visited the schools and spoke to the pupils on Junior Red Cross work. The Charlottetown members of the Registered Nurses Association held a successful sale recently to procure

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funds for the Florence Nightingale Memorial Fund and the Summerside group contributed a generous donation for the same fund. During March the Association arranged with Dr. Creelman, superintendent of the Provincial Sanatorium, for a course of lectures on tuberculosis. These were illustrated and were much appreciated by the nurses who attended in large numbers at all the meetings. Miss Linnie Platts (P.E.I.H., 1931) has been appointed operating room supervisor at the P.E.I. Hospital and Miss Mildred Thompson (P.E.I., 1930) as night supervisor. The Social Service nurses of the Charlottetown Hospital have added another phase of work to their already full programme—that of teaching the working girls of the city the art of home nursing and personal hygiene. We feel that the girls who attend regularly are deriving great benefit from these classes. Arrangements have been made for a few health talks by some members of the medical staff. The Alumnae Association of the City Hospital recently held a successful party in the Nurses Home and the following night the Association again held a card party in the Holy Name Hall. The proceeds from these entertainments have replenished the almost depleted coffers of the Association. Miss Eileen McQuaid has been appointed dietitian at the City Hospital.

QUEBEC

MONTREAL GENERAL HOSPITAL: Miss Clare Hiscock and Miss Jennie Wareham (M.G.H., 1934), who sailed for Cape Town, South Africa, on April 1, were the guests of honour at a bridge and shower in the Nurses Home on March 24.

MARRIED: On March 30, 1936, Miss Cecilia Katherine MacLachlon (M.G.H., 1935) to Dr. Philip J. Pascoe.

SASKATCHEWAN

SASKATOON: Miss Rhoda Smith (S.C.H.) has been appointed superintendent of nurses at the Sanatorium, Saskatoon. Miss Dorothy Knuckey (S.C.H., 1933) has accepted a position at the Red Cross Outpost, Loon Lake, Sask.

MARRIED: On February 19, 1936, Miss Gladys Marion Bedford (S.C.H., 1926) to Mr. Arthur W. Bogart.

HOSPITAL DAY

It seems most fitting that May 12, the birthday of Florence Nightingale, should have been chosen as "National Hospital Day" and, as such, be celebrated in hospitals throughout Canada. Since the inauguration of Hospital Day, in 1921, its value to the hospital has grown slowly but steadily for, in many communities, the general public has very little conception of the many branches of work which a modern hospital maintains. This year let us utilize to the full the opportunities this day affords us — too often National Hospital Day is regarded as an inconvenience from which nothing is gained. It is quite true that "open house," without any direction or information being given to the visitors is of little use, but the hospital which puts forth a real effort to have organized demonstrations tells a different story. To advertise your hospital with dignity, and to build up public confidence in hospitals and modern nursing, should be considered a duty which has too long been neglected.

OBITUARY

CORBETT—On January 29, 1936, a cable from Shanghai, China, announced the death of Mrs. Hunter Corbett, formerly Harriet Sutherland, a member of the class of 1888 of the School of Nursing of the Toronto General Hospital. Following her graduation, Miss Sutherland became one of the pioneer group of Canadian Presbyterian missionaries who went to China to work in the Province of Honan. She subsequently married the Reverend Hunter Corbett and for nearly fifty years made her home in Chefoo. Of her and of her husband a friend has said: "Their names came to stand for something very fine and inspiring in Christian philosophy and life."

CORNWALL—On March 15, 1936, at the Lady Minto Hospital, Ashcroft, B.C., the death occurred of Dorothy M. Cornwall, a graduate of the School of Nursing of the Vancouver General Hospital and a member. At the time of her death Miss Cornwall was in charge of the hospital and died after a brief illness.

REGISTRATION OF NURSES
Province of Ontario

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An examination for the Registration of Nurses in the Province of Ontario will be held in May.

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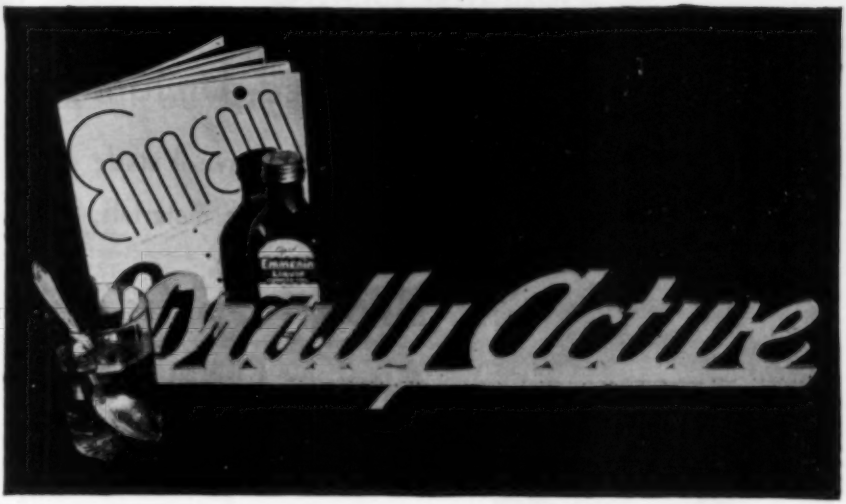
Not long ago . . . we listened with considerable interest . . . to a conversation . . . in which we got some first-hand information . . . about how it feels . . . to be a bit light-headed . . . It has often occurred to us . . . that very few nurses . . . either understand or sympathize . . . with those patients . . . who are troubled with . . . thick-coming fancies . . . One sees the comment . . . "slightly irrational at times" . . . neatly entered on the chart . . . in the same stereotyped fashion . . . as "resting quietly" . . . although in each case . . . the phrase may denote . . . a state of consciousness . . . quite beyond the ken . . . of the casual observer . . . However, to return to our witness . . . it seems that for some weeks . . . there came every evening . . . a touch of fever . . . and a sense of "queerness" . . . which made the furniture . . . take on strange aspects . . . Of course he knew quite well . . . that there really was no one . . . sitting in the chair . . . at the foot of his bed . . . and as soon as the nurse came in . . . the window curtain became . . . an innocent piece of dotted net . . . and not a veiled figure . . . He never mentioned . . . these mild aberrations . . . because, one morning . . . when he was quite "rational" . . . he had taken a surreptitious glance . . . at his chart . . . and had realized . . . that the eagle eye of the nurse . . . had seen through . . . his poor pretence of sanity . . . the night before . . . That made him "cagy" . . . (his word, not ours) . . . and he grimly made up his mind . . . to avoid "going cuckoo" . . . by a process of "hanging on to himself" . . . This piqued our professional curiosity . . . so we asked how he did it . . . "Quotations," said he . . . "What sort of quotations?" said we . . . "Any kind at all . . . bits of poetry . . . Edgar Guest" . . . (we shuddered) . . . "verses out of the Bible . . . bits of the Shorter Catechism" . . . "they were the best of the lot" . . . said our friend, meditatively . . . We enquired whether the remedy worked . . . and were told . . . that it did . . . pretty well . . . most nights . . . though not always . . . "Gives you something to hold on to . . . keeps you from drifting off . . . put a crimp in that nurse, anyway," said he . . . with a wicked grin . . . "Less of that 'slightly irrational' stuff on the chart" . . . That night we turned the idea . . . over in our mind . . . and dimly remembered . . . reading something, somewhere . . . about mystics of the East . . . who voluntarily do mental gymnastics . . . of this sort . . . by way of exorcizing evil influences . . . We even found ourselves . . . going through a sort of rehearsal . . . and letting "quotations" bob up . . . without let or hindrance . . . The first one was . . . "the multitudinous seas incarnadine" . . . After that they trod on one another's heels . . . in a most disorderly fashion . . . "Never, never, never" . . . "Heed no more the heat o' the sun" . . . "Blow, blow, thou winter wind" . . . Better shut the door upon the Bard of Avon . . . and the Tragic Muse . . . We had never learned the Shorter Catechism . . . but what about the Litany? . . . We couldn't get the intercessions . . . into proper order . . . as the Rector used to read them . . . on drowsy Sunday mornings . . . in the summer . . . but we heard the drone of the bees . . . in the big lime tree . . . in the churchyard . . . quite distinctly . . . before we fell asleep . . .

E. J.



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MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Relief-Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

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Alumnae Associations

ALBERTA

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A.A., Lamont Public Hospital, Lamont

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A.A., Vancouver General Hospital, Vancouver

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A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Grace Division, Toronto Western Hospital Toronto

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A.A., St. Joseph's Hospital, Toronto

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